

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
CLAIMS						*						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND	DEP	IND	DEP	IND	DEP
	IND	DEP	IND	DEP	IND	DEP						
1	/					51						
2	/					52						
3	/					53						
4	/					54						
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42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	2					TOTAL IND.						
TOTAL DEP.	12					TOTAL DEP.						
TOTAL CLAIMS	14					TOTAL CLAIMS						